

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-042279

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 7 1963

VS 300
Rev. 4/59

1 4000

2 2229

3

4 1

5 2

6

7 6

8 2

9 331X

10

11

12 41-0

13

41

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

ST. Louis County

b. CITY (If outside corporate limits, give TOWNSHIP only)

ST. Koch

length of stay in 1b

7 mos.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Robt. Koch hosp

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

ST. Louis

admission)

c. CITY

OR

TOWN

ST. Louis

Inside Limits

Yes ☐ No ☐

d. STREET
ADDRESS

(If outside, give location)

1200 Hickory Ave

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First Middle Last

Mollie Fleming.

Flemming

4. DATE OF DEATH

Month

Day

Year

10

19

63

5. SEX

Female

6. COLOR OR RACE

W

7. Married

Never Married ☐

Widowed ☒

8. DATE OF BIRTH

9/17/1878

9. AGE (last birthday)

85

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home.

11. KIND OF BUSINESS OR INDUSTRY

-

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Fred Yeida

13b. MOTHER'S MAIDEN NAME

Cora Foster.

14. NAME OF HUSBAND OR WIFE

Michael Fleming.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Irene F. Wynn, 3523 Bingham Ave., Apt 357

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broncho pneumonia

INTERVAL BETWEEN ONSET AND DEATH

3 days

DUE TO (b)

Cerebrovascular accident

1 week

DUE TO (c)

Generalized arteriosclerosis

10 yrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

sacral Decubitus, ASHD.

331X

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

s.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

3-14-65

to

10-19-63

and last saw her alive on 10-19-63

Death occurred at

10:40 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Rea Beck M.D.

22b. ADDRESS

Koch Hosp - Koch 110

22c. DATE SIGNED

10-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/23/63

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

Gebken-Benz Mortuary

ADDRESS

2842 Meramec St.

St. Louis, Missouri 63118

25. DATE RECD. BY LOCAL REG.

10-21-63

26. REGISTRAR'S SIGNATURE

John. Murphy M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Me Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Joe B. Benz

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis, Missouri 63118

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.